## Best Available Copy

| i   | <b>L</b>   | Application or Docket Number    |              |   |                     |                  |            |                      |                        |       |                         |                        |             |
|---|--|---------------------------------|--------------|---|---------------------|------------------|------------|----------------------|------------------------|-------|-------------------------|------------------------|-------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000  OP 697 305 |  |                                 |              |   |                     |                  |            |                      |                        |       |                         |                        |             |
| . CLAIMS AS FILED - PART I (Column 1) (Column 2)                                  |  |                                 |              |   |                     |                  |            | SMALL ENTITY TYPE OR |                        |       | OTHER THAN SMALL ENTITY |                        |             |
| TOTAL CLAIMS  |  |                                 | 52           |   |                     |                  |            | RATE                 | FEE                    |       | RATE                    | FEE                    |             |
| FOR   |  |                                 | NUMBER FILED |   | NUMBER EXTRA        |                  | 8/         | SIC FEE              | 355.00                 | OR    | BASIC FEE               | 710.00                 |             |
| то  | TAL CHARGEA  | BLE CLAIMS                      | 52minus 20=  |   | • 32                |                  |            | X\$ 9=               |                        | OR    | X\$18=                  | 576                    | ALC: N      |
| IND   | EPENDENT CL  | AIMS                            | 万 minus 3 =  |   | . 80 8              |                  | ·          | X40=                 |                        |       | X80=                    |                        | C)          |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                   | RESENT       |   |                     |                  | ·          | <del></del>          |                        | OR    | 700=                    | 160                    | -           |
|   |  |                                 |              |   |                     |                  |            | +135=                |                        | OR    | +270=                   |                        | T. Carrier  |
| * If the difference in column 1 is less than zero, enter "0" in column 2          |  |                                 |              |   |                     |                  |            | OTAL                 |                        | OR    | TOTAL                   | 1446                   | Parameter 1 |
| (   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                                 |              |   |                     |                  |            | MALL                 | ENTITY                 | OR    | OTHER<br>SMALL          |                        |             |
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDIMENT                            |                                 |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                     | PRESENT<br>EXTRA | ١          | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |             |
|   | Total  | . 28                            |              | Minus - 5                                   |                     | =                |            | X\$ 9=               |                        | OR    | X\$18=                  | ,                      |             |
|   | Independent •  |                                 | Minus        | <u> </u>                                    |                     | = 4              |            | X40=                 |                        | OR    | X8 <b>⁄</b> 9=          | 2271                   | л -         |
|   | FIRST PRESE  | NTATION OF MI                   | ULTIPLE DEI  |   | 135=                |                  | OR         | +270=                |                        | 9 8 8 |                         |                        |             |
|   |  |                                 |              |   |                     |                  |            | TOTAL                |                        |       | TOTAL                   | 2011                   |             |
|   |  | (O - h - m - 4)                 |              | (Ol.)                                       | O\                  | (Oaluma 0)       |            | DIT. FEE             |                        | OR    | ADDIT. FEE              | CFT.                   | <b>*</b>    |
|   |  | (Column 1)                      | 1            | (Colu                                       |                     | (Column 3)       | 1 <u>-</u> |                      | 450/                   | •     |                         |                        | - 7         |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                                       | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |             |
| MOZ   | Total  | •                               | Minus        | ••  |                     | =                |            | X\$ 9=               |                        | OR    | X\$18=                  |                        | 1           |
| ME  | Independent  | •                               | Minus        | •••   |                     | =                |            | X40=                 |                        | OR    | X80=                    |                        | 1           |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                                 |              |   |                     |                  |            | 135=                 |                        |       |                         |                        | 1           |
|   |  |                                 |              |   |                     |                  |            |                      |                        | OR    | +270=                   |                        | 1           |
|   |  |                                 |              |   |                     |                  | AD         | TOTAL<br>DIT. FEE    |                        | OR    | ADDIT. FEE              |                        | 4           |
|   |  | (Column 1)                      |              | (Colu                                       |                     | (Column 3)       | 5          |                      |                        |       |                         |                        |             |
| ပ   |  | CLAIMS                          |              | HIGH  | IEST<br>IBER        | DDECENT          |            |                      | ADDI-                  | 1     |                         | ADDI-                  |             |

PREVIOUSLY

PAID FOR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**EXTRA** 

Total

Independent

AFTER

**AMENDMENT** 

Minus

Minus

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

1 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

OR

OR

CR

OR

RATE

X\$ 9=

X40=

r155<u>~</u>

ADDIT. FEE

TOTAL

TIONAL

FEE

RATE

X\$18=

X80=

+270=

ADDIT. FEE

TOTAL

TIONAL

FEE